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ANNUAL REPORTS OF MEDICAL OFFICER OF HEALTH

AND CHIEF SANITARY INSPECTOR

FOR THE YEAR

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TENTERDEN (KENT) RURAL DISTRICT COUNCIL

ANNUAL REPORTS OF THE MEDICAL OFFICER OF
HEALTH AND CHIEF SANITARY INSPECTOR FOR
THE YEAR 1952,

Mr. Chairman and Councillors,

I have the honour to present to you my first Annual Report - for the year 1952.

The Registrar General estimated that your Home Population at mid-year 1952, was 7,058.

The number of live births was 126, and the crude birth-rate was accordingly 17.85. When this rate is adjusted by the Registrar General's Comparability Factor viz: 1.06, it becomes 18.92. This is a higher rate than that for England and Wales, i.e. 15.3. The population however is relatively small for statistical purposes and small fluctuations in the numbers of births in any year would influence the rate, more than in a large population. Nevertheless, the rate 18.92 represents a satisfactory and vital level.

The number of deaths was 82, and the crude death-rate was accordingly 11.62. This rate was when adjusted by the Registrar General's Comparability Factor becomes 9.17. This is indicative of a large age-group of old people and on analysis of the deaths, this, is borne out, as 70% were over 70 years, and 36% were over 80 years. The chief cause of deaths, as expected, was Heart and Circulatory Diseases which are naturally concomitant with old age. However Coronary Thrombosis and Hypertension are responsible for many deaths in middle-age and the numbers appear to be increasing with each decennium.

Also, as expected, Cancer was the second chief cause of death; and is responsible for many deaths in comparatively young people, as well as amongst the old. Early diagnosis and treatment are of first importance. The disease may attack almost any part of the body, is usually insidious and often is not suspected by the patient until it is well advanced, when treatment can only be palliative.

Other causes of death were miscellaneous and amongst them there was no unusual influence. (See table).

The number of infant deaths was 2, and the infantile mortality rate accordingly was 15.87. One death was due to Gastro-enteritis, but no organism was identified as being the cause. The other was due to Meningocele, a congenital abnormality. The County Council Infant Welfare Centres which serve the District, and the home visiting done by their Health Visitors, who form the link between the Homes and the Centres, play an invaluable part in keeping this rate low. There is, too, the added advantage that the Practitioners of the District serve at these Centres, so that co-operation between them and the Health Visitors and Home Nurse/Midwives is complete.

There was one Maternal death due to Toxaemia of Pregnancy. Fortunately, maternal deaths are now comparatively

rare and when they do occur they are usually unavoidable.

The stillbirth rate was low, viz. 7.94, representing one stillbirth. Prerequisites to a low rate are thorough ante-natal supervision and skilled attendance at childbirth.

There were no deaths from the infectious diseases and there was no epidemic, only a few cases having been notified.

26 cases of Whooping Cough were notified. Adequate control of this disease will not be possible, until an effective immunising antigen is produced, as for Diphtheria immunisation, although it is claimed that the present vaccines being produced are effective in inducing immunity: research is at present proceeding into this question and it is to be hoped that the claims being made will be substantiated. Apart from the distressing paroxysms of the disease, its chief complication viz. broncho-pneumonia may be very dangerous to life, particularly to infants, within a few hours of clinical onset and it is for this reason that, of all the Infectious Diseases, it causes most deaths amongst children under five years, throughout the Country.

Measles, of which 14 cases were notified is similarly dangerous by reason of broncho-pneumonia as its chief complication. There are instances when it is desirable to prevent or attenuate an attack, particularly in susceptible children who are suffering from other illnesses, and for this purpose Gamma Globulin (0.1 - 0.2 ml. per pound of body-weight) is available at the County Laboratory.

There were two isolated and unrelated cases of Scarlet Fever. This disease is comparatively mild, at present, although occasionally the severe classical form is seen; the most common complication is Otitis Media; Endocarditis and Nephritis are now very rare complications.

The disease is easily controlled, and treatment is specific. It is occasionally extremely difficult to distinguish Scarlet Fever from German Measles and it is often necessary to take successive swabs of the nose and throat for the presence or absence of the Haemolytic Streptococcus.

Five cases of Acute Primary or Influenza Pneumonia were notified, but these are chiefly of statistical interest.

There was one case of Erysipelas which is not now the serious disease that it was before the Sulphonamides and Antibiotics were introduced, and death from it, which used to be common, must now be extremely rare.

Only one case of Food Poisoning was notified, the causal organism incriminated being the common salmonella typhi-murium. Cases of gastro-enteritis caused by this organism regularly occur in this area, but as they usually occur singly it is often difficult to identify the source of the infection. Many different animals, birds, fowls and insects, as for example, cows, pigs, dogs and cats, rats and mice, ducks, hens, pigeons and flies can convey the organisms to man by way of his food and drink. Strict supervision over the preparation, distribution and sale and handling of food and drink whether at the Farm, Factory

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or in Shop or Household, is essential at all times.

It will be seen from the table, that there were seven new cases of Respiratory and two new cases of Non-respiratory Tuberculosis notified. The Chest Physician of the area is chiefly responsible for the prevention and treatment of this disease, the Medical Officer of Health being responsible mainly for the environmental hygiene of the patient and for ensuring that he is not engaged in the production, distribution or sale of milk and food. New cases of this disease should become fewer and fewer throughout future decades. As Mass Radiography is extended, the detection of early cases will increase and in inverse ratio, cases of open infection will become fewer. Treatment has made great progress owing to the successful use of new antibiotics. It is also hoped that B.C.G. vaccination will become wide-spread, like Diphtheria immunisation, especially for infants exposed to the infection and for school-leavers: that more Tuberculin-tested herds will be created, and that all milk will be subjected to pasteurisation to prevent the number of cases which arise each year from this source. Housing conditions generally are gradually being improved including overcrowding, which conduces so much to the spread of disease.

In conclusion, I should like to thank you for your interest and assistance in the work of the Department and the staff for their efficient and loyal co-operation,

I am,

Your obedient Servant,

J. MARSHALL.

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SECTION A.

STATISTICAL AND SOCIAL CONDITIONS OF THE DISTRICT

FOR 1952.

Area:- 38,002 acres.

Registrar-General's Estimate of:-

The Resident Population 7,058

Number of Inhabited Houses According
to the Rate Books 2,406

Rateable Value:- £34,412

Sum Represented by a Penny Rate £134. 16. 10d.

EXTRACTS FROM VITAL STATISTICS

	Total	M.	F.		Tenterden Rural District	England and Wales
1. Live Births	126	59	67	Birth Rate per 1,000 estimated resident population	17.85	15.3
(a) Legitimate	122	57	65			
(b) Illegitimate	4	2	2			
2. Stillbirths	1	-	1	Rate per 1,000 total (live and still) births	7.94	-
(a) Legitimate	1	-	1			
(b) Illegitimate	-	-	-			
3. Deaths	82	47	35	Death rate per 1,000 resident population	11.62	11.3
4. Deaths from Pregnancy, Childbirth and Abortion.	1	-	1	Rate per 1,000 (live and still) births.	78.74	0.72
5. Deaths of Infants under One Year of Age.	2	1	1			
(a) Legitimate	2	1	1			
(b) Illegitimate	-	-	-			
Infant mortality rate per 1,000 live births					15.87	27.6
Rate re legitimate infants					16.39	-
Rate re illegitimate infants						-
6. Deaths from Cancer (all ages)	...	...	...		11	
Deaths from Whooping Cough (all ages)	...	...	...		-
Deaths from Gastritis, Enteritis and Diarrhoea	...	...	...		2	
Deaths from Measles	...	...	...		-

The following cases of Infectious Diseases were notified during the year 1952.

Acute Primary or Influenzal Pneumonia	...	...	5
Whooping Cough	...	...	26
Measles	...	...	14
Scarlet Fever	...	...	2
Erysipelas	...	...	1
Food Poisoning	...	...	1

CAUSES OF DEATH IN TENTERDEN RURAL DISTRICT DURING

1952

	ALL CAUSES			Males	Females
1.	Tuberculosis, respiratory	...	...	47	35
2.	Tuberculosis, other	...	...	-	-
3.	Syphilitic disease	...	...	-	-
4.	Diphtheria	...	...	-	-
5.	Whooping Cough	...	...	-	-
6.	Meningococcal infections	...	...	-	-
7.	Acute Poliomyelitis	...	...	-	-
8.	Measles	...	...	-	-
9.	Other infective and parasitic diseases	...	...	-	-
10.	Malignant neoplasm, stomach	...	...	1	-
11.	Malignant neoplasm, lung, bronchus	...	...	-	-
12.	Malignant neoplasm, breast	...	...	1	-
13.	Malignant neoplasm, uterus	...	...	-	-
14.	Other malignant and lymphatic neoplasms	...	...	4	5
15.	Leukaemia, aleukaemia	...	...	1	-
16.	Diabetes	...	...	-	-
17.	Vascular lesions of nervous system	...	...	3	2
18.	Coronary disease; angina	...	...	6	5
19.	Hypertension with heart disease	...	...	-	-
20.	Other heart disease	...	...	9	11
21.	Other circulatory disease	...	...	3	1
22.	Influenza	...	...	-	-
23.	Pneumonia	...	...	1	2
24.	Bronchitis	...	...	1	1
25.	Other diseases of respiratory system	...	...	1	-
26.	Ulcer of stomach and duodenum	...	...	1	-
27.	Gastritis, enteritis and diarrhoea	...	...	1	1
28.	Nephritis and nephrosis	...	...	2	1
29.	Hyperplasia or prostate	...	...	-	-
30.	Pregnancy, childbirth, abortion	...	...	-	1
31.	Congenital malformations	...	...	1	1
32.	Other defined and ill-defined diseases	...	...	5	3
33.	Motor vehicle accidents	...	...	1	-
34.	All other accidents	...	...	1	-
35.	Suicide	...	...	1	-
36.	Homicide and operations of war	...	...	-	-

Immunisation against Diphtheria, 1952.

The following is a return of the number of children resident in the Rural District of Tenterden under the age of 15 years on 31st December, 1952, who had completed a course of immunisation at any time before that date (i.e. at any time since 1st January, 1938)

Year of Birth	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	Total
Birth	64	52	85	72	81	64	68	58	62	44	64	111	86	8	980	

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Immunisation against Diphtheria and vaccination against Smallpox, 1952.

Diphtheria Immunisation

Year of Birth.	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938	Total
Primary Inoculations	8	82	17	1	2	3	2	-	-	-	-	-	-	-	-	115
Re-inforcing Inoculations	-	-	-	-	-	2	25	3	2	-	-	-	2	-	-	34
Vaccination																
Primary Vaccination	45	21	1	-	-	-	-	-	-	-	-	-	-	-	-	70
Re-Vaccination	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6

Before
1938

-

3

1

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TuberculosisNew Cases and Mortality 1952

Age Periods.	New Cases		Deaths		Total Cases on Register	
	Respiratory		Non-Respiratory		Respiratory	
	M.	F.	M.	F.	M.	F.
0	1	1	1	1	1	1
1-5	1	1	1	1	1	1
15	1	1	1	1	1	1
25	1	1	1	1	1	1
35	1	1	1	1	1	1
45	1	1	1	1	1	1
55	1	1	1	1	1	1
65 and upwards	-	-	-	-	-	-
Totals	3	4	2	-	1	-

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SECTION C.SANITARY CIRCUMSTANCES OF THE AREA1. Water Supply.

There are three Water Undertakings which supply the District:-

(a) Tenterden R.D.C:- supplies the Parishes of Wittersham and Stone supplemented by a supply from the Mid-Kent Water Company.

(b) The Mid Kent Water Co:- supplies the Parishes of Appledore, Kenardington, Woodchurch and part of High Halden and part of Biddenden.

(c) The Cranbrook District Water Co:- supplies the Parishes of Newenden, Rolvenden, part of High Halden and part of Biddenden.

These supplies are regarded as being sufficient in quantity except that in the Parishes of Wittersham and in parts of the Parishes of Biddenden and High Halden, periods of drought in the Summer months have occasioned an inadequate supply.

The bacteriological quality of the waters has been very satisfactory: 15 samples were examined and none contained presumptive B.coli. Nine chemical samples examined were also free from constituents indicating any form of contamination. 92% of dwelling houses are supplied by main water and the remaining 8%, being isolated and remote, rely on shallow wells and rainwater catchments.

2. Drainage, Sewerage and Sewage Disposal.

Only Wittersham and Rolvenden Layne are provided with main sewerage with Disposal Plants.

The remaining Parishes and villages are obliged to rely on septic tanks and cesspools, which are allowed to overflow into ditches and watercourses. Many of these have become open sewers with sludge several feet deep and give off malodorous vapours which foul the country air and distress nearby residents. Some of the accessible ditches such as those at the roadside are periodically cleaned by the Council, but the cost of labour for this work is high. Many of the more inaccessible ditches are allowed to become stagnant and foul.

To obviate these unhygienic conditions, six new sewerage schemes have been prepared by the Council and have been approved by the Ministry for the Parishes of Biddenden, Rolvenden, Appledore, Woodchurch, High Halden and Newenden, but authorisation to proceed with the work has not yet been given to the Council, due to the control over capital expenditure. Apart from the Public Health and aesthetic aspects the completion of these schemes would be a measure of sound economy from a long term point of view.

The Council does not provide a Cesspool Emptying Service.

3. Housing.

The number of post-war houses (i.e. from 1946 to 30-6-53) built by the Council was 305 and the number built in 1952 was 56. Regarding housing repairs, 44 informal notices and one Statutory Notice were served. Seven houses were closed, an undertaking not to occupy having been received from the owners, and one was demolished.

4. Rural Housing Survey.

Summary of classifications at 31-12-52.

Category 1.	...	...	...	448
" 2.	...	...	...	654
" 3 & 4.	...	...	...	583
" 5	...	...	...	133

				1,818

The number of applicants on the waiting list for Council houses is 280.

5. Hop-pickers' Camps.

There are 15 Camps, accommodating about 1,000 persons. These are visited before occupation and notices are served under the Bye-laws for improvements, if necessary. They are also visited during and after picking. Many new huts have been erected at about half of the camps, being constructed of concrete or breeze blocks with corrugated asbestos roofs. The older hutments are constructed of weather-boarding and/or corrugated iron.

Eleven of the Camps have a main water supply, the remaining four having their water supplied in churns by the Farmers.

Receptacles for refuse are provided and emptied by the Farmers. Occasionally nuisances are caused by misuse.

The closet accommodation consists of earth closets there being one to every six huts approximately.

During the season the total number of inspections made was 67.

6. Milk Supplies.

The number of registered distributors was 6, and the number of registered dairies was 3.

(1) Milk sampling from Distributors and Schools:-

<u>Grade</u>	<u>No. of Samples taken.</u>	<u>No. of unsatisfactory samples.</u>
From Distributors:-		
Tuberculin Tested	40	11
Tuberculin Tested (Pasteurised)	4	1
Pasteurised	10	1
Non-designated	6	2

<u>Grade</u>	<u>No. of Samples taken.</u>	<u>No. of unsatisfactory samples.</u>
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From Schools:-

Tuberculin-tested	2	-
Pasteurised	5	2

No. of samples submitted for presence of Tuberclle Bacillus.	6	Negative.
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7. Meat and Other Foods.

There are five licensed slaughterhouses attached to Butchers' Shops, which are used for emergency slaughtering only (see table below). These and all food-preparing places are regularly inspected. There are no food factories in the District, but 14 Restaurants and Hotel kitchens were visited periodically.

Ice Cream

There was only 1 Producer-retailer, and there were 22 Retailers.

Sampling

Grade 1	...	14
" 2	...	9
" 3	...	3
" 4	...	2

No pathogenic organisms were cultivated.

Carcases Inspected and Condemned

	<u>Cattle excluding Cows</u>	<u>Cows</u>	<u>Calves</u>	<u>Sheep and Lambs</u>	<u>Pigs</u>
No. killed	-	2	-	9	83
No. inspected	-	2	-	9	83
All diseases except tuberculosis	-	-	-	-	-
Whole carcase condemned	-	-	-	3	-
Carcases of which some part or organ was condemned	-	-	-	3	-
Percentage of the number inspected affected with disease other than tuberculosis.	-	-	-	66%	-
Tuberculosis only	-	-	-	-	-
Whole carcases condemned	-	-	-	-	-
Carcases of which some part or organ was condemned.	-	-	-	-	-
Percentage of the number inspected affected with tuberculosis.	-	-	-	-	-

8. Sanitary Inspection of the District.

Details of Inspection work carried out:-

	<u>Number</u>	<u>Visits</u>	<u>Defects</u>
Bakehouses	7	29	1
Slaughterhouses	5	46	-
Other food preparing premises (not including ice cream)	18	40	-
Factories	51	76	4
Workshops	-	-	-
Workplaces	5	12	-
Offensive trades...	-	-	-
Overcrowding...	2		
Keeping of animals ...	-		
Sanitary accommodation (insufficient or defective)	10		
Drainage (reconstructed or repaired)	34		
Cesspools - Abolished ...	2		
- Repaired ...	-		
- Emptied ...	32		
Offensive accumulations...	2		
Refuse receptacles ...	-		
Yard paving ...	-		
Dampness ...	19		
Roofs and rainwater pipes	21		
Floors ...	12		
Walls and ceilings ...	23		
Windows and ventilation...	14		
Baths, lavatory basins, sinks	13		
Water supplies ...	62		
Miscellaneous ...	42		

9. Food condemned during the Year

<u>Cwt.</u>	<u>Qtr.</u>	<u>lbs.</u>
7	3	22

10. No. of inspections by Sanitary Inspectors. 2,46411. Rodent Control

A full-time rodent operator was employed by the Council as from the 15th September, 1952.

A Parish by Parish survey of the District was commenced of both business and dwelling-houses, and up to the end of the year 92 treatments had been carried out.

